

SUSPECTED INTENTIONAL INJURY REPORTING FORM

Date of Report: _____

TO BE COMPLETED BY REPORTING PARTY PURSUANT TO PENAL CODE SECTIONS 11160-11163

REASON FOR REPORT (Check All That Apply)		<input type="checkbox"/> DOMESTIC VIOLENCE <input type="checkbox"/> SEXUAL ASSAULT <input type="checkbox"/> VIOLENT INJURY <input type="checkbox"/> ASSAULT AGAINST ON-DUTY MEDICAL PERSONNEL					
A. REPORTING PARTY	Name/Title		Name of Facility				
	Address		Phone ()				
	Signature of Reporting Party						
B. REPORT SENT TO	<input type="checkbox"/> Police Department <input checked="" type="checkbox"/> Sheriff's Office Name: Address: Phone ()		Name of Official Reporting Officer: Badge #				
C. INVOLVED PARTIES	Victim's Information		Victim's Name (Last, First, Middle)	DOB	Sex	Race	
			Victim's Address		Home Phone () Work Phone ()		
	Victim's Location and Address After Treatment		Phone ()	Can Victim Be Safely Contacted There? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Special Instructions						
	Safe Person to Contact		Relationship to Victim		Phone ()		
	Names and Ages of Children in Home			1. Were Children Present During Incident? <input type="checkbox"/> Yes <input type="checkbox"/> No A) Referred to CPS? <input type="checkbox"/> Yes <input type="checkbox"/> No 2. Is victim over 65 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No A) Referred to APS? <input type="checkbox"/> Yes <input type="checkbox"/> No 3. Is victim a dependent adult? <input type="checkbox"/> Yes <input type="checkbox"/> No A) Referred to APS? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Referral to Domestic Violence Services? <input type="checkbox"/> Yes <input type="checkbox"/> No Where:						
	Suspect's Information		Suspect's Name (Last, First, Middle)		DOB	Sex	Race
			Address				
			Home Phone () Work Phone ()		Relationship to Victim		
D. INCIDENT INFORMATION	1. Date/Time of Incident		2. Location & Address of Incident				
	3. Type of Injury: <input type="checkbox"/> Bruises <input type="checkbox"/> Fractures <input type="checkbox"/> Gunshot Wound <input type="checkbox"/> Internal Injuries <input type="checkbox"/> Strangulation <input type="checkbox"/> Lacerations <input type="checkbox"/> Self-inflicted <input type="checkbox"/> Sexual Assault <input type="checkbox"/> Stab Wound Other/Specify:						
	4. Location of Injury: <input type="checkbox"/> Face <input type="checkbox"/> Neck <input type="checkbox"/> Eyes R__ L__ <input type="checkbox"/> Extremities: <input type="checkbox"/> Arm R__ L__ <input type="checkbox"/> Upper Back <input type="checkbox"/> Lower Back <input type="checkbox"/> Pelvis <input type="checkbox"/> Leg R__ L__ <input type="checkbox"/> Hand R__ L__ <input type="checkbox"/> Chest <input type="checkbox"/> Ribs <input type="checkbox"/> Abdomen <input type="checkbox"/> Foot R__ L__ Other/Specify:						
	5. Description - Summarize what the victim or person accompanying the victim said happened						
	6. Explain known history of similar incident(s) for this victim: <input checked="" type="checkbox"/> Unknown <input checked="" type="checkbox"/> No Previous History						

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Instructions: Pursuant to Penal Code 11160 -11163, this incident must be reported by phone and submitted in writing to the law enforcement agency where the incident occurred (see listing below).

1. After completing this form, within 48 hours of receiving information about the injury:
 - a) Retain the original copy for the patient's chart.
 - b) Send one copy to the law enforcement agency where the incident occurred (see listing below).
 - c) Send one copy to:
Emergency Medical Services
6255 Mission Gorge Rd.
San Diego, CA 92120
Attn: L. Ray
2. If children were present during incident, also report to Children's Services (CPS) at 1-800-344-6000, and mail in the CPS Reporting Form to Children's Services, MS W94.
3. If victim is over 65 or 18-64 and a dependent adult, also report to Adult Protective Services (APS) at 1-800-510-2020, and mail in the APS Reporting Form to Aging and Independence Services, MS W433.

NOTE: VICTIM'S WHEREABOUTS MUST BE DELETED FROM ANY REPORT REQUIRED TO BE DISCLOSED TO THE SUSPECT OR THE SUSPECT'S ATTORNEY

Law Enforcement Locations

Carlsbad Police Department
Domestic Violence Unit
2560 Orion Way
Carlsbad, CA 92008
(760) 931-2197 (Dispatch)
Fax (760) 929-0243

Chula Vista Police Department
Domestic Violence Unit
276 4th Ave.
Chula Vista, CA 91910
(619) 691-5151 (Dispatch)
Fax (619) 691-5281

Coronado Police Department
Domestic Violence Unit
700 Orange Ave.
Coronado, CA 92118
(619) 522-7350 (Dispatch)
Fax (619) 435-2193

El Cajon Police Department
Domestic Violence Unit
100 Fletcher Parkway
El Cajon, CA 91920
(619) 579-3311 (Stay on the line until connected to Dispatch)
Fax (619) 444-8312

Escondido Police Department
Domestic Violence Unit
700 West Grand Ave.
Escondido, CA 92025
(760) 741-4722 (Dispatch)
Fax (760) 839-4919

La Mesa Police Department
Domestic Violence Unit
8181 Allison Ave.
La Mesa, CA 91941
(619) 469-6111 (Dispatch)
Fax 667-1419

National City Police Department
Domestic Violence Unit
1200 National City Blvd.
National City, CA 91950
(619) 336-4411 (Dispatch)
Fax (619) 336-4479

Oceanside Police Department
Domestic Violence Unit
3855 Mission Ave.
Oceanside, CA 92054
(760) 966-4911 (Dispatch)
Fax (760) 435-4938

San Diego Police Department
Domestic Violence Unit
1401 Broadway
San Diego, CA 92101
(619) 531-2000 (Dispatch)
Fax (619) 531-1517

San Diego Sheriff's Department
Domestic Violence Unit
5255 Mt. Etna Drive
San Diego, CA 92117
(858) 565-5200 (Dispatch)
(858) 467-4659

California Penal Code 13700 -"Domestic Violence" is defined as abuse committed against an adult or a fully emancipated minor who is a spouse, former spouse, cohabitant, former cohabitant or person with whom the suspect has had a child or is having a child with, or has had a dating or engagement relationship.

CALL 911 IF VICTIM IS IN IMMINENT DANGER